



ZONING PETITION APPLICATION

Applicant Information

Full Name: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____

Email: _____

Property Information

Proprietary Interest: _____
ie: Contract Purchaser/Attorney/Owner

Address of Property: _____

Street Address Suite /Unit #

INDIAN HEAD PARK, IL 60525

City State ZIP Code

Current Zoning: _____ Requested Zoning: _____

Parcel Identification Number: _____

The Planning & Zoning Commission meets the first Tuesday of each month. Hearing dates are based on meeting availability, receipt of this application, the requested documentation listed on the second page, as well as the applicable fee for a zoning petition hearing.

Petitioner's Certification: I hereby certify that all documents and information provided to the Village of Indian Head Park, is accurate and complete. I understand and agree that if the Village incurs legal, engineering, consult and/or public hearing costs exceeding the application fee, these costs will be paid in full by the petitioner.

Signature of Petitioner: _____ Date: ____/____/____

Printed Name of Petitioner: _____ Date: ____/____/____

THE VILLAGE OF INDIAN HEAD PARK
201 ACACIA DRIVE
INDIAN HEAD PARK, IL 60525
P: 708.246.3080 F: 218.220.3643
www.indianheadpark-il.gov